Living with Long Term Conditions
An Essay

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Introduction to the case study of Mr Andrew Milligand

In this essay I would like to analyze a case within the framework of societal institutions utilizing the case as a vehicle to explore financial aspects, legal statutes, departmental policies, nursing practices, multidisciplinary input, that operate on patient with long term conditions.

The NHS was founded on the principle that it's a service "free at the point of use" for those ordinarily resident in the UK (Sippitt, 2015/04/13/). The NHS began to function in July 5 1948, the health secretary Aneurin Bevan inaugurated Park Hospital in Manchester it was intended to be a free service. Today nonetheless, the social care are payable by UK residents with assets more than 16 thousand pounds. Free for all no longer exists.

Central taxation funds the health services, social services are financed by central and local taxation and user charges. Each Primary Care Trust provides services to their catchment area. Criteria and eligibility for social services are determined by the local authorities.

They devise tools for assessing needs of the population whereas health service providers measure specific data related to each patient and collect statistics. The local authorities goal is to target the most dependent and those with rehabilitation requirements. There is no means test for nursing care in UK though ("Modelling an entitlement to long-term care services for older people in Eur...: EBSCOhost", 2018/12/26/).

Long-term conditions (LTCs) can be defined as any recurring conditions that exert a persistent influence over people's lives for years ("Long Term Condition Management | Wanaka Medical Centre", 2018/12/23/). The services and resources are mapped on to the patient long term needs by local authority policies and regulations to achieve requirements enacted by Acts of Parliament and other statutory body stipulations such as political parties agenda, the World Health Organisation and their master plan for Europe.

Andrew Milligand is a user of the Health service through him this essay investigates and interrogates some of the intricacies of the institutional efforts forging nursing practice and services in long-term care. Andrew Milligand strode into the A & E with an upper respiratory tract infection. Dr Karl Ruhe scrutinized Mr Milligand. Doctor prescribed nebuliser ipratropium and aminophyline qid, amoxicillin 500 mg tds for 5 days.

The law binds the Trust to provide treatments, services, the team is obligated by local authorities policy to attend to Mr Milligand. The physician description of duties define his work and his remuneration entailed that he uses his medical abilities for the benefit of the client (Desk, 2019/01/09/). As health services are free, he does not disburse, the tax payers do that for him. In other countries like the USA where payment is through insurances Stark laws ("The Stark Truth About the Stark Law", 2018/12/26/) applies. Stark laws argues in favor of the user, curb illegitimate use of insurance.

During the medical history taking Mr Milligand disclosed that he often coughs and is weakened by influenza mainly in cold seasons and he occasionally indulges in polypharmacy. Mr Milligand physique is strong, he stated that his illnesses is reducing his activities of daily living. Fortunately he did not wait too long to be attended to that day.

The staffing was in full complement. This is not always the case. There is a fluctuating shortage of staff locally and worldwide (Li, Nie, & Li, 2014/09/01/) .The economy is pushing the services forward, is stretching and stressing many professional who seek agency work to improve their financial shortcomings ("News Analysis: Is it worth working as an agency nurse?", 2019/01/09/) .

Nurses are more duty and honor bound rather than monetarily inclined, the moral welfare first then financial enrichment second, tragically the inverse is also true. It is ethically wrong to seek money primarily and evade moral obligations to the service and the patient? Doctors make some oath, nurses too, avow. Money drives the economy. A well remunerated profession is the number one priority, search for well-paid employment even if it is not in one's country of origin is often a strong belief; today many nurses emigrate ("WHO | The migration of nurses: Trends and policies", 2018/12/25/).

In the meantime the nursing needs remain unfulfilled for many patients as staff shortages world wide shows. .Estimates upwards of one million additional nurses will be needed by 2020 (Haddad & Toney-Butler, 2018/10/27/).

Quality care requires significant financial investment that only government could fund, to ease the financial burden insurances help. Insurances are the reasonable way forward. Competition raises or lowers the cost not necessarily the quality (Stucke, 2013/04/01/). The evolution of managed care since Drucker take its share of the funding. Management is not just costly, it is essential.

Should I contribute financially to Mr Milligand medical needs, or for any person health management or mismanagement? Apparently I ought to through the levying of taxes and duties. By law it is required that taxes are paid by every citizen (US Legal, 2019/01/04/).

Ethics and Rights of the Patient

Mr Milligand walked in to seek help. Is he entitled to services? If he was not a citizen, he would have to produce an acceptable insurance policy to a service provider. But, according to the human right declarations,

1. Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services; the right to security during unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control. = ("Universal Declaration of Human Rights", 2015/10/06/).

It is a fact that responsible organisation uses wealth for treating the ill. Many countries choose to neglect the health of its population . But every signatory of the United Nations Charter is bound by Article 25 of the Human Right declaration. So every United Nations member state provides health services. When Mr Milligand arrived at casualty department with his girl friend Mrs Catherine the team could not withhold his entitlement to health. It was his right.

The Nature of multi-agency and partnership

The team has his private information, what is the legal implication of this data? Can the data that he confided be shared to other companies? What can the team do with this private confidential information Mr Milligand provided. He expected that it is not share publicly and between agencies without him knowing. How did he know that this information is under his control? In Mauritius the Data Protection act ("Data Protection Office - Data Protection Act 2017", 2018/12/29/) does it for him, in the USA The Health Insurance Portability and Accountability Act of 1996 ("HIPAA Compliance Checklist", 2018/12/28/) protects sensitive data.

In UK any person can restrict the processing personal data (Service, 2015/09/16/).His private, personal, confidential information cannot be sent to partners in Sheffield unless he sign an authorization. As long as these Acts are in force the local authorities have a duty to ensure that the service provider comply with the policies set by them, the team cannot share information without consent from the patient. So forms must be filled in. Mr Milligand was asked to sign his authorization.

The effectiveness and applications of policies; imperatives and drivers

There are accreditation requirements for health providers, like the JCI and other accreditation bodies they set the standards.

The government normally set up educational facilities for training personnel for the Health sector and estimate the future needs of the population and so strategic planning.

To do this statistics are used to predict future trends in patients needs, initiate plans and deploy the strategy to achieve a better healthy nation.

Care Planning- Support in long-term Care

During the medical examination it was observed that his colostomy was tatty, the pouch not hygienic and the skin partially red, wet, irritated around the stoma; he was referred to the ostomy nurse, and I arranged an appointment for him to be assessed. As a nurse am I allowed to discuss his care with others?

Mr Milligand stoma require attention from an ostomy nurse who shall consider his needs and skills to apply stoma powder, use a crusting technique and then pouch. WHO Hand washing method was taught and care of his stoma was extended to Mrs Catherine his carer. Are the stakeholders satisfied with our service delivery?

Mr Milligand came back from states his biographical records are still in the registry, his date of birth, his place of birth, his parents and grand parents data. His digital file is in place. So with his Id his file was updated with the current treatment. And this file will be available to Mrs Jenny in Sheffield. Ostomy nurse to meet Mr Milligand to define his need and add to his care plan.

Mr Milligand lives with long-term condition

In the surgical history taking he mentioned the ostomy he went through while he was working as a high rise building constructor in the states, in Florida. He was then diagnosed with colorectal cancer, the misfortune of his life he said. Ever since that operation his lifestyle significantly changed. He stopped working in the building industry. Also he became unsociable enough for his wife to divorce him. He moved to many towns in Southern England. He could not settle. Then he met Mrs Catherine. They get on well and often talk. Upon the insistence of Mrs Catherine he came to the Accident and Emergency department for consultation. He neglected himself and was going on a downward slope since his wife left.

There is a problem because Mr Milligand is going to Sheffield in his new rented place with his Mrs Catherine whose parent lives in the neighborhood and they want to start a new life. So I contacted Royal Hallamshire and asked for Mrs Jenny, she is the care coordinator for the Sheffield region. The new address was recorded and the date of the move included.

During the many meetings with Mr Milligand not once was the financial implication surfaced. Patient are hesitant to talk about money. ("Conversing with Patients About the Cost of Care | HFMA", 2018/12/19/). However with insurances, private clinics and hospital often the money aspect should be considered and nurses are expected to have a working knowledge of health finances.

I went with ostomy nurse to visit Mr Milligand in the new two bedroom residence.The flat well care for. The objectives were to assess the home situation. He stacks his pouches neatly, it looks like Mrs Catherine handiwork, she talked about it and where she gets the stuff from. There were no standard procedure there so Mrs Malika the ostomy nurse suggested a pack of gloves to enhance the procedure and there was hesitation to suggest, WHO standard hand washing to these two adults.

Mrs Malika decided that Mrs Catherine and Mr Milligand could do with the standard WHO procedure for hand washing and a bottle of hand rub 99% was useful also. It was not rejected

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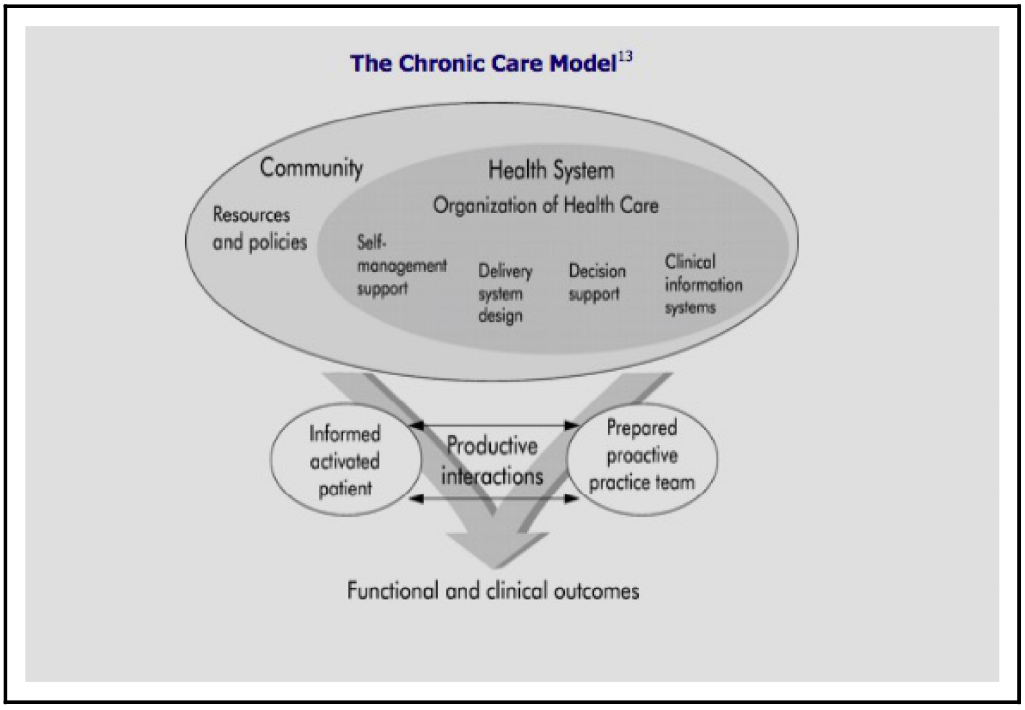
Model Image for Andrew Milligand



Integrating Mr Milligand into the Chronic care Model

The model was developed by Wagner in US in 1998. The model focuses on informing Mr Milligand about his condition and keeping him in contact with the team of professional.

Much of his care took place outside formal health care settings six elements are central to improve Mr Milligand care

1: Community resources he can draw on in Sheffield;

2: The health care system that he knows best and is familiar with;

3: Patient self-management that is empowered by community nurses;

4: Decision support he can rely upon from the team of professionals;

5: Delivery system design to create a culture of quality, efficiency.

6: Clinical information systems is evidenced based.

Identify, Approach. and Evaluate Models for long-term Care

Often it is interesting to ask what are models and what are their uses. A "Model of Care" broadly defines the way health services are delivered. It outlines best practice care and services for a person, population group or patient cohort as they progress through the stages of a condition, injury or event (“Define models of care - Google Search”, 2018/12/28/) .

There are a many models in use

a)The Chronic Care Model,

b)The Pyramid of Care model,

c)Kaiser Permanente Medical Care Programme,

d) Evercare model ,

e) House of care

At the level of a practicing nurse an understanding of models complement a nurse knowledge.

It is a challenge to develop successful models, policy makers, demographers and government think tank are involved with that process (Bakitas, Bishop, Caron, & Stephens, 2010/11//). An interesting example is that develop in Indiana (2018/10/05/).

In 2015-2016, the Regional Healthcare Quality Improvement Collaborative initiative, funded by Indiana State Department of Health, formed seven regional Collaboratives across the state with the goal of improving quality of care in Indiana nursing facilities. Each lead organization brought together a Collaborative of at least 20 nursing facilities and other stakeholders in their region to complete two quality improvement projects in the participating nursing facilities.

One project focused on infection prevention and one focused on an area of need identified by the Collaborative members. All projects followed the CMS Quality Assurance and Performance Improvement (QAPI) model (see Appendix B for web address). Overall management and technical assistance were provided by the University of Indianapolis Center for Aging & Community.

Common to each model is a central organizing principle. In practice those who provide most of the hands-on care are empowered to define for themselves the rhythms and routines necessary to meet the variability of patient use of the service with a degree of compliance to the generic model or chosen model of care.

Mr Milligand as a user is not fussy about the implications of models, of regulations, of policies, of laws, of WHO directives and national and international correlations, he expects an answer to queries, a solution to his health problems and support for his colorectal cancer; whatever model is in use, it should flex to demonstrated its practicality to meet the needs of the patient and services.

He is moving to Sheffield, and he is not very happy about this. In his file I suggested that a psychologist input may ease his mind and help him settle. The model communication and documentation policies allow the service to proceed with this suggestion. So counselling would ameliorate his life. A week later Mr Milligand and Mrs Catherine left for Sheffield with a careplan, documentation, other named professionals to take on his responsibilities and treatment to follow at his new address.

The services have made an impact on his life and that of Mrs Catherine in a positive manner to improve his living with long-term conditions.

Summary of Reflection

For reflective practice, I am using John's Model ("Skills for Learning > Reflection > Models for structuring reflection", 2018/12/28/).

I was uncertain where this essay was leading to at first. As I focus deeper into it, I began to see the scope of the missions of institutions such as WHO, government, local authorities and the services and their objectives. My nursing duties, integration and function within the framework of the organization became evident.

Conclusion

In this essay the case of Mr Andrew Milligand was used as vehicle to explore the framework of the health system structured by policies, regulations, local and international laws; his rights as an individual; nursing practice; the funding and financial system; models of long-term care; placing him within a specific model; impact of shortages of staff; influence of economy and politics; changes in drugs cost; confidentiality of his bio-data; his understanding and that of his carer skills; his adherence and concordance to community nurse plans and input; his use of the system and the staff perception of him as a user.

One of the objectives was to consider him from the multi disciplinary perspective, within the financial structure funded by taxation; and as a user of services. And most of all I empathized with him a person in need of support for his long-term condition, where nursing as define by Henderson can relieve him of his personal difficulties and help him cope.

Appendix A Models of long-term Care

Care Plan

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Notes